



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A4498

ORI (Code assigned by DOJ)

Authorized Applicant Type

CONTRACT COACH

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

CITY OF LOS ALTOS

Agency Authorized to Receive Criminal Record Information

97 HILLVIEW AVENUE

Street Address or P.O. Box

LOS ALTOS

City

CA

State

94022

ZIP Code

02360

Mail Code (five-digit code assigned by DOJ)

BEVERLY TUCKER

Contact Name (mandatory for all school submissions)

947-2889

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐ Male

☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 110214

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: A4498

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

02360

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed